

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/069969

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19	1						69						
20		1					70						
21		1					71						
22		1					72						
23		4					73						
24		4					74						
25		4					75						
26		4					76						
27		4					77						
28	1						78						
29		1					79						
30		2					80						
31		2					81						
32		2					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1350 (9-78)

*MAY BE USED FOR ADDITIONAL CLAIMS FOR AMENDMENTS

FOR INFORMATION ONLY